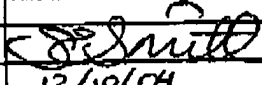



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|---|----------------------|------------------------|---------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/613,404 | |
| | Filing Date | 07/03/2003 | |
| | First Named Inventor | SCHILLING | |
| | Art Unit | 2863 | |
| | Examiner Name | VO, Hien Xuan | |
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | 304-811 |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below) |
| Remarks Please charge any fee deficiencies or credit any overpayments to Deposit Account No. 50-0951 | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Sarah E. Smith, Registration No. 50,488 Akerman Senterfitt | |
| Signature |  | |
| Date | 12/10/04 | |

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| Typed or printed name | Sarah E. Smith | |
| Signature |  | Date 12/10/04 |

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 50.00)

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/613,404 |
| Filing Date | 07/03/2003 |
| First Named Inventor | SCHILLING |
| Examiner Name | VO, MIEN XUAN |
| Art Unit | 2603 |
| Attorney Docket No. | 304-611 (140180) |

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|---------------------------|----------|---------------|
| 1 | 1 | 50.00 | 50.00 | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 3 | 0 | 0 | 0 | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | |

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------------------------|--------------|--|----------|----------------|
| 100 | 0 | 0 | 0 | 0 |
| (round up to a whole number) x | | | | |
| | | | | Fees Paid (\$) |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other _____

| | | |
|--|-------------------------|------------------------|
| SUBMITTED BY | Registration No. 50,488 | Telephone 561-653-5000 |
| Signature:  | (Attorney/Agent) | Date 12/10/04 |
| Name (Print/Type) Saran E. Smith | | |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re Application of: SCHILLING et al.

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Application No. 10/613,404

Examiner: VO, Hien Xuan

DEC 10 2004

Filed: July 03, 2003

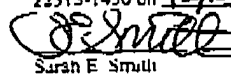
Group Art Unit: 2863

For: METHOD FOR MEASURING THE TEMPERATURE OF A METAL SAUCEPAN

AMENDMENT

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Sarah E. Smull

Reg. No. 50,488

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

This is in response to the Office Action dated September 10, 2004. Please amend the above-identified application as follows:

Amendments to the abstract begin on page 2 of this paper.

Amendments to the claims begin on page 3 of this paper.

Remarks/arguments begin on page 8 of this paper.

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